

CHAD Tingley # 217685  
 Name and Prisoner/Booking Number  
Whetstone UNIT  
 Place of Confinement  
PO Box - 24402  
 Mailing Address  
TULSON ARIZONA 85734  
 City, State, Zip Code

<input checked="" type="checkbox"/> FILED	<input type="checkbox"/> LODGED
<input type="checkbox"/> RECEIVED	<input type="checkbox"/> COPY
MAY 5 2023	
CLERK US DISTRICT COURT DISTRICT OF ARIZONA	
BY	DEPUTY

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA**

CHAD Tingley  
 (Full Name of Plaintiff)

Plaintiff,

v.

(1) MARK DANIELS -  
 (Full Name of Defendant)

(2) BRIAN MCINTYRE

(3) KRISTAN MAYES -

(4) ATTORNEY GENERAL AZ

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

**CASE NO.** CV-23-215-TUC-JAS(PSOT)

(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

- ☒ Original Complaint  
☐ First Amended Complaint  
☐ Second Amended Complaint

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983  
☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).  
☐ Other: \_\_\_\_\_

2. Institution/city where violation occurred: \_\_\_\_\_

**B. DEFENDANTS**

1. Name of first Defendant: MARK MANHILL. The first Defendant is employed as: COCHISE COUNTY SHERIFF at POLICE STATION.  
(Position and Title) (Institution)
2. Name of second Defendant: BRIAN MCINTYRE. The second Defendant is employed as: COCHISE COUNTY ATTORNEY at COUNTY ATTORNEY'S OFFICE.  
(Position and Title) (Institution)
3. Name of third Defendant: KIRSTEN MAYE'S. The third Defendant is employed as: ATTORNEY GENERAL at ARIZONA.  
(Position and Title) (Institution)
4. Name of fourth Defendant: \_\_\_\_\_. The fourth Defendant is employed as: \_\_\_\_\_ at \_\_\_\_\_.  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

**C. PREVIOUS LAWSUITS**

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? \_\_\_\_\_. Describe the previous lawsuits:
- a. First prior lawsuit:
1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
  2. Court and case number: \_\_\_\_\_
  3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- b. Second prior lawsuit:
1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
  2. Court and case number: \_\_\_\_\_
  3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- c. Third prior lawsuit:
1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
  2. Court and case number: \_\_\_\_\_
  3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

**D. CAUSE OF ACTION****COUNT I**

1. State the constitutional or other federal civil right that was violated: 8TH Amendment  
COUNTY PRISON'S 41- HEALTH CARE 3-31-163, JAIL'S
2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.
- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court                          | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion                         | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>COUNTY JAIL MEDICAL</u> |                                       |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- DEC 1ST 2022 - INMATE WAS EXPOSED TO MOLD IN  
JAIL CELLS - COCHISE COUNTY, ARIZONA, PISPEC CITY - AZ  
CAUSING RASHES ON HIS SKIN - MEDICAL FAILED TO  
PROVIDE ADEQUATE TREATMENT PLACING INMATE IN  
PERMANENT DANGER VIOLATION OF THE 8TH AND  
14TH AMENDMENTS OF UNITED STATES CONSTITUTION  
RIGHTS -  
ALSO MEDICAL CONDITIONS REPORT 28-3005  
POLICY NOT PROVIDED, EXPOSURE OVER THE COURSE  
OF ABOUT 3-MONTHS -
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
- RASH ON NECK THATS NOT BEING TREATED HAS NOW  
CAUSED PERMANENT DAMAGE, AND POSSIBLE LONG-  
CANCER, AT AGE 50 YEARS OLD,
5. **Administrative Remedies:**
- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Count I? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.
- SEE GRIEVANCE COPY NEXT PAGE'S -

# Cochise County Jail Inmate Grievance – Level One

To: Grievance officer Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 From: Chad Tingley 88825 SE 15 1-2-23  
 Inmate Name Booking # Pod/Cell # Date

I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.

medical malpractice stopping and prescribing meds by not a MD prescribing meds to me that in the drug code specifically state not to prescribe when I take seizure medication

II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.

been talking with nurses for a month now with severe rash and side affects and not one nurse knew what they were doing  
 fatal malpractice

III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.

return my medical fees since ARS states anyone with chronic care condition (HIV) can't not be charged medical copays and bogus medical was issued I have to stop on med because Medico is not educated  
 Chad Tingley 1/2/23  
 Inmate Signature Date

IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):

FWD to medical The two meds not continued upon your arrival are not formulary meds? were not continued for that reason. A doctor did make those decisions? also reviews the formulary annually. The ARS statute states that you may be charged a reasonable fee  
 for all health visits & also for prescriptions.  
 McOgden 1/11/2023  
 Officer's Signature Date

## Cochise County Jail Inmate Grievance – Level One

- V. Shift Supervisor's or assigned officer's action and receipt (informal): I have addressed the nature of the complaint of the above named inmate and have taken the following action:

*Response from  
medical in section  
IV.*

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Return a copy to inmate if resolved.

File in "Grievance File" (informally resolved).

Tracking #: 27002

Continue as a Formal Grievance

Inmate Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

NUMBER: \_\_\_\_\_

- VI. Investigating Officer's Response (Formal): I have investigated the above grievance and have taken the following action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigating Officer Signature \_\_\_\_\_ Date \_\_\_\_\_ Return a copy to inmate.

Inmate Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO INMATE: IF NOT SATISFIED WITH THE INVESTIGATING OFFICER'S RESOLUTION, SUBMIT A LEVEL-TWO GRIEVANCE APPEAL FORM WITHIN 3 DAYS OF RECEIPT TO THE JAIL COMMANDER.**

# Cochise County Jail Inmate Grievance – Level One

To: Grievance Officer Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 From: Chris Tingley 88825 SE 15 1/9/23  
 Inmate Name Booking # Pod/Cell # Date

I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.

being denied proper medical needs for my  
 chronic core condition HIV current meds not  
 working I have right to proper medical needs  
 whether Cochise can afford it or not

II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.

April states they don't use meds prescribed by other  
 facilities so new blood work needs to be done  
 and I'm have syphilis and medical is flat refusing to  
 treat my health needs reporting this to the medical  
 board for fraudulent billing as well "fraud"

III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.

take the proper blood work treat as for my  
 STDs and change my meds appropriately  
 why are my medical grievances being  
 ignored

Chris Tingley 1/9/23  
 Inmate Signature Date

IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):

FWD to Medical

JF 1/9/23  
 Officer's Signature Date

## Cochise County Jail Inmate Grievance – Level One

- V. Shift Supervisor's or assigned officer's action and receipt (informal): I have addressed the nature of the complaint of the above named inmate and have taken the following action:

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\_\_\_\_\_  
Supervisor's Signature Date Return a copy to inmate if resolved.

\_\_\_\_\_  
File in "Grievance File" (informally resolved).

Tracking #: 22-022

\_\_\_\_\_  
Continue as a Formal Grievance

\_\_\_\_\_  
Inmate Signature Date

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DATE RECEIVED: \_\_\_\_\_

NUMBER: \_\_\_\_\_

- VI. Investigating Officer's Response (Formal): I have investigated the above grievance and have taken the following action:

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\_\_\_\_\_  
Investigating Officer Signature Date Return a copy to inmate.

\_\_\_\_\_  
Inmate Signature Date

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**TO INMATE:** IF NOT SATISFIED WITH THE INVESTIGATING OFFICER'S RESOLUTION, SUBMIT A LEVEL-TWO GRIEVANCE APPEAL FORM WITHIN 3 DAYS OF RECEIPT TO THE JAIL COMMANDER.



I/m  
Copy**LEVEL-TWO, INMATE GRIEVANCE APPEAL FORM**

To: JAIL COMMANDER Received By: 839 Date/Time: 01.20.2023 @2000  
 From: Chad Tingley 88875 SE 15 1/20/23  
 Inmate Name Booking # Pod/Cell # Date

**I. GRIEVANCE APPEAL (to be completed by inmate):**

I am appealing the decision of the Hearing Officer (grievance and response attached) for the following reason (s):

I was prescribed mental meds by a doctor and cochise said stopped them and refused me mental treatment prescribed me meds that caused a reaction and the ARS does state that fees cant be charged to me when I have chronic illness DOC cant charge me so neither can cochise County and its the public health Dept they dont charge so why does the jail think they can charge a inmate I read the laws and will be filing a lawsuit

Inmate Signature

Date

If this appeal concerns medical care, I hereby grant jail personnel involved with its resolution, access to my medical file.

Inmate Signature

Date

**II. JAIL COMMANDER'S RESPONSE:**

I have reviewed the attached grievance and response. It is my recommendation that the following action be taken:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Jail Commander Signature

Date

return copy to inmate.

\_\_\_\_ File in "Grievance File" (RESOLVED)

\_\_\_\_ File in "Grievance File" (UNRESOLVED)

Inmate Signature

Date

**TO INMATE: THE JAIL COMMANDER'S DECISION IS FINAL AND NOT SUBJECT TO ADMINISTRATIVE APPEAL. THIS CONCLUDES THE FORMAL INMATE GRIEVANCE PROCEDURE. YOU MAY ELECT TO FILE A COMPLAINT WITH THE FEDERAL DISTRICT COURT.**



Inmate needs copy

**Cochise County Jail Inmate Grievance – Level One**

To: Grievance officer Received By: Doc Wessouley Date/Time: 01/20/23 1530  
 From: Chad Tingley 88875 SE15 1/20/23  
 Inmate Name Booking # Pod/Cell # Date

## I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.

under the ARS inmates sentenced to DOC are  
to be sent to DOC within 10 days according to  
the law but is considered cruel unusual punishment  
after sentencing

## II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.

This is my attempt to resolve this issue

## III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.

move me to DOC or Im Gliney  
Constitutional Violations Law suit

Chad Tingley  
 Inmate Signature

1/20/23  
 Date

## IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):

The DOC package is not issued by the county jail. The DOC package  
will be send from the court to the county jail after sentencing. Your  
complaint is not grievable.

G. Wessouley  
 Officer's Signature

01/21/2023  
 Date

## Cochise County Jail Inmate Grievance – Level One

- V. Shift Supervisor's or assigned officer's action and receipt (informal): I have addressed the nature of the complaint of the above named inmate and have taken the following action:

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\_\_\_\_\_  
Supervisor's Signature Date Return a copy to inmate if resolved.

\_\_\_\_\_  
File in "Grievance File" (informally resolved).

Tracking #: 23-0011

X Continue as a Formal Grievance

\_\_\_\_\_  
Inmate Signature

1/21/23  
Date

DATE RECEIVED: \_\_\_\_\_

NUMBER: \_\_\_\_\_

- VI. Investigating Officer's Response (Formal): I have investigated the above grievance and have taken the following action:

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\_\_\_\_\_  
Investigating Officer Signature Date Return a copy to inmate.

\_\_\_\_\_  
Inmate Signature Date

**TO INMATE:** IF NOT SATISFIED WITH THE INVESTIGATING OFFICER'S RESOLUTION, SUBMIT A LEVEL-TWO GRIEVANCE APPEAL FORM WITHIN 3 DAYS OF RECEIPT TO THE JAIL COMMANDER.

**COUNT II**

1. State the constitutional or other federal civil right that was violated: 6TH Amendment  
RIGHT TO LEGAL ACCESS IN COCHISE COUNTY JAIL

2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court                  | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion                 | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>LAW LIBRARY</u> |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

ARRESTED AND CHARGED WITH POSSESSION OF  
BAGGIE CONTAINING PCP/BLUE, AIRCRAFTING OFFENSE  
CLAIMS IT WAS MISTAK, SUPPORTING STATUTE'S -  
13-3408, ARS - NOT ENOUGH TO BE TESTED, INMATE  
WAS UNABLE TO ASSIST IN HIS LEGAL BATTLE IN  
SELF DEFENSE, GRIEVANCE, RESPOND NEXT PAGE

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

SCHEDULE TO 2 YEARS PRISON,

5. **Administrative Remedies.**

- a) Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Count II? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

# Cochise County Jail Inmate Grievance – Level One

To: Grievance officer Received By: Off WESSOLUE Date/Time: 01/20/23 1530  
 From: Chad Tingley 88875 SE 15 1/19/23  
 Inmate Name Booking # Pod/Cell # Date

I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.

Flat refused my right to the law library its been weeks since I have requested access almost 3 weeks

II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.

Asked several times to go to the library and been refused and been denied the ability to file motions with the court without an attorney

III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.

give me access to library with decent information and the right to file motions throw the jail to the court system without using the mail system

Chris Tingley  
 Inmate Signature

1/20/23  
 Date

IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):

I Off Wessolue checked all requests for the law library. Your request from 1st Jan 2023 is on the list. Due to the high number of inmates/requests and the limited time for law library (only at weekends after court) the waiting time can take a few weeks.

G. Wessolue  
 Officer's Signature

01/21/2023  
 Date

## Cochise County Jail Inmate Grievance – Level One

- V. Shift Supervisor's or assigned officer's action and receipt (informal): I have addressed the nature of the complaint of the above named inmate and have taken the following action:

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\_\_\_\_\_  
Supervisor's Signature Date

Return a copy to inmate if resolved.

\_\_\_\_\_  
File in "Grievance File" (informally resolved).

Tracking #: 23-0013

☒ Continue as a Formal Grievance

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

DATE RECEIVED: \_\_\_\_\_

NUMBER: \_\_\_\_\_

- VI. Investigating Officer's Response (Formal): I have investigated the above grievance and have taken the following action:

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\_\_\_\_\_  
Investigating Officer Signature Date

Return a copy to inmate.

\_\_\_\_\_  
Inmate Signature Date

**TO INMATE: IF NOT SATISFIED WITH THE INVESTIGATING OFFICER'S RESOLUTION, SUBMIT A LEVEL-TWO GRIEVANCE APPEAL FORM WITHIN 3 DAYS OF RECEIPT TO THE JAIL COMMANDER.**

# Cochise County Jail Inmate Grievance – Level One

To: Grievance officer Received By: Olc Wessouley Date/Time: 01/20/23 1530  
 From: Chad Tingley 88875 SE 15 1/20/23  
 Inmate Name Booking # Pod/Cell # Date

I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.

Flat refused my right to the law library its been weeks since I have requested access almost 3 weeks

II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.

Asked several times to go to the library and been refused and been denied the ability to file motions with the court without an attorney

III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.

give me access to library with decent information and the right to file motions throw the jail to the court system without using the mail system

Chad Tingley  
 Inmate Signature

1/20/23  
 Date

IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):

I Olc Wessouley checked all requests for the law library. Your request from 1st January is on the list. Due to the high number of inmates/requests and the limited time for law library (only at weekends after court) the waiting time can take a few weeks.

G. Wessouley  
 Officer's Signature

01/21/2023  
 Date

from Craig 520-249-5259

## Cochise County Jail Inmate Grievance – Level One

- V. Shift Supervisor's or assigned officer's action and receipt (informal): I have addressed the nature of the complaint of the above named inmate and have taken the following action:

Requests to use the law library are handled on a "first come, first served basis". There are requests that are ahead of yours. We will get to your request as soon as possible. You can send motion to the court through the jail.

Supervisor's Signature

Date

Return a copy to inmate if resolved.

File in "Grievance File" (informally resolved).

Tracking #:

23-0013

Continue as a Formal Grievance

Inmate Signature

Date

DATE RECEIVED: \_\_\_\_\_

NUMBER: \_\_\_\_\_

- VI. Investigating Officer's Response (Formal): I have investigated the above grievance and have taken the following action:

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Investigating Officer Signature

Date

Return a copy to inmate.

Inmate Signature

Date

**TO INMATE:** IF NOT SATISFIED WITH THE INVESTIGATING OFFICER'S RESOLUTION, SUBMIT A LEVEL-TWO GRIEVANCE APPEAL FORM WITHIN 3 DAYS OF RECEIPT TO THE JAIL COMMANDER.



# Cochise County Jail Inmate Grievance – Level One

To: Grievance officer Received By: McC WESSOUEN Date/Time: 01/20/23 1530  
 From: Chad Tingley Inmate Name 88875 Booking # SE 15 Pod/Cell # 1/20/23 Date

I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.

Flat refused my right to the law library its been weeks since I have requested access almost 3 weeks

II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.

Asked several times to go to the library and been refused and been denied the ability to file motions with the court without an attorney

III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.

give me access to library with decent information and the right to file motions thru the jail to the court system without using the mail system

Inmate Signature

Date

IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):

Officer's Signature

Date

## Cochise County Jail Inmate Grievance – Level One

- V. Shift Supervisor's or assigned officer's action and receipt (informal): I have addressed the nature of the complaint of the above named inmate and have taken the following action:

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\_\_\_\_\_  
Supervisor's Signature Date

Return a copy to inmate if resolved.

\_\_\_\_\_  
File in "Grievance File" (informally resolved).

Tracking #: 23-0013

\_\_\_\_\_  
Continue as a Formal Grievance

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

DATE RECEIVED: \_\_\_\_\_

NUMBER: \_\_\_\_\_

- VI. Investigating Officer's Response (Formal): I have investigated the above grievance and have taken the following action:

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\_\_\_\_\_  
Investigating Officer Signature Date

Return a copy to inmate.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

**TO INMATE: IF NOT SATISFIED WITH THE INVESTIGATING OFFICER'S RESOLUTION, SUBMIT A LEVEL-TWO GRIEVANCE APPEAL FORM WITHIN 3 DAYS OF RECEIPT TO THE JAIL COMMANDER.**

**COUNT III**

1. State the constitutional or other federal civil right that was violated: STATE OF ARIZONA  
And 14TH Amendment US CONSTITUTION
2. **Count III.** Identify the issue involved. Check only one. State additional issues in separate counts.
- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court                               | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion                              | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>TRANSPORTATION VIOLATION</u> |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

APRIL 1ST OF THE YEAR 2020  
SUPREME COURT RULING due to covid-19 and  
COUNTY'S NEED TO CHECK WITH OTHER COUNTIES  
BEFORE SENDING INMATES TO PRISON. STEP THE PAGE 2  
COUNT RETURN'S,  
FROM MARICOPA TO THE TULSON  
COMPLEX THEN TO COCHISE COUNTY FOR COURT  
APPEARANCE, ON OPEN CASE, BOOKING 888-75 SE-15  
petition FOR PRESENTING CREDIT'S - FILED ON  
MARCH 19TH 2023,  
NOT YET ANSWER BY THE COURT  
IN BISBEE ARIZONA,

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- b. Did you submit a request for administrative relief on Count III? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Count III to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. FILED, COPIE OF MOTION, WITH STATE BAR OF  
ARIZONA, 9001 NORTH 24TH, PHX AZ 85004

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

# Cochise County Jail Inmate Grievance – Level One

To: Grooming officer Received By: H. Sanders Date/Time: 12/11/22 19:30  
 From: Chad Tingley 88875 5D8 12/10/22  
 Inmate Name Booking # Pod/Cell # Date

I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.

unnecessary segregation when court is  
long over 23 hour lock down for no  
reason at all Jail over-capacity is not our problem

II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.

Questioned officers about excessive lock down  
no answers provided

III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.

This is unnecessary punishment these laws are  
protected by the Constitution of the United States

Chad Tingley  
 Inmate Signature

12/10/22  
 Date

IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):

see part 5.

H. Sanders 2114  
 Officer's Signature

12/11/22  
 Date

## Cochise County Jail Inmate Grievance – Level One

- V. Shift Supervisor's or assigned officer's action and receipt (informal): I have addressed the nature of the complaint of the above named inmate and have taken the following action:

COVID procedures are not a punishment.  
They are put in place and recommended  
by the CDC guidelines.

H. Sanders 2114 12/11/22 Return a copy to inmate if resolved.  
Supervisor's Signature Date

☐ File in "Grievance File" (informally resolved).

Tracking #: 22-0093

☒ Continue as a Formal Grievance

Chris My \_\_\_\_\_  
Inmate Signature Date

DATE RECEIVED: 12/13/22

NUMBER: \_\_\_\_\_

- VI. Investigating Officer's Response (Formal): I have investigated the above grievance and have taken the following action:

The inmate has not provided a reasonable resolution.  
The inmate has listed personal opinions and  
provided nothing relevant to their complaint.

Officer Sanders has responded appropriately.

St. Weisner 12/14/22 Return a copy to inmate.  
Investigating Officer Signature Date

\_\_\_\_\_  
Inmate Signature Date

**TO INMATE:** IF NOT SATISFIED WITH THE INVESTIGATING OFFICER'S RESOLUTION, SUBMIT A LEVEL-TWO GRIEVANCE APPEAL FORM WITHIN 3 DAYS OF RECEIPT TO THE JAIL COMMANDER.

**E. REQUEST FOR RELIEF**

State the relief you are seeking:

COUNT ONE 500,000 And  
COUNT TWO 500,000.  
With All Medical Expenses covered After  
Release,  
punitive damages- pain And Suffering  
Settlement, Requested 1,500,000 million dollars

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

5/2/23  
DATE

  
SIGNATURE OF PLAINTIFF

\_\_\_\_\_  
(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

\_\_\_\_\_  
(Signature of attorney, if any)

\_\_\_\_\_  
(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.